

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

Dated: 01/19/2021

604



FABER &amp; CO

333 HEGENBERGER RD #504

OAKLAND, CA 94621

IMR Case Number:	CM20-0178015	Date of Injury:	02/15/2019
Claim Number:	040519008736	UR Denial Date:	11/20/2020
Priority:	STANDARD	Application Received:	12/17/2020
Employee Name:	JONATHAN SHOCKLEY		
Provider Name:	BABAK JAMASBI MD		
Treatment(s) in Dispute Listed on IMR Application:			
1. THERAPY: ACUPUNCTURE X6 FOR CERVICAL SPINE, BILATERAL UPPER ARMS, RIGHT FOREARM, ULNAR NERVE LESION FOR			

DEAR FABER &amp; CO,

On 12/21/2020, your request for an Independent Medical Review ("IMR") of the above workers' compensation case was assigned to MAXIMUS Federal Services. As of the date of this letter, the IMR is now completed. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

MAXIMUS Federal Services

cc: Department of Industrial Relations, CHUBB & SON (WC) - LOS ANGELES, CA,  
BABAK JAMASBI MD

**DOCUMENTS REVIEWED**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:

**Claims Administrator**

Provider Name	Dates of Service From	Dates of Service To
Hand & Microsurgery Medical Group Inc	07/22/2020	
Pain & Rehabilitative Consultants Medical Group	04/24/2020	11/13/2020
Walgreens	04/24/2020	05/20/2020

**Provider**

Provider Name	Dates of Service From	Dates of Service To
Hand & Microsurgery Medical Group Inc	07/22/2020	
Pain & Rehabilitative Consultants Medical Group	07/10/2020	12/10/2020
Remedy Medical Group	02/10/2020	
SimonMed	04/03/2020	

**HOW THE IMR FINAL DETERMINATION WAS MADE**

MAXIMUS Federal Services sent the complete case file to an expert reviewer.

The expert reviewer:

- has no affiliation with the employer, employee, providers or the claims administrator;
- has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice;
- was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/service;
- is familiar with governing laws and regulations;
- applied the MTUS Medical Evidence Search Sequence and MTUS Methodology for Evaluating Medical Evidence where appropriate; and
- has the following credentials:
  - State(s) of Licensure: California, California
  - Certification(s)/Specialty: NA-Chiropractor, NA-Oriental Medicine

**CLINICAL CASE SUMMARY**

The following clinical case summary was developed based on a review of the case file, including all medical records:

This is a 42-year-old male who sustained an industrial injury on 02/15/2019. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical disc disorder with radiculopathy; other soft tissue disorders related to use, overuse, and pressure on the right upper extremity, left upper extremity and right forearm, and an unspecified lesion, ulnar nerve. Per the progress note dated 11/06/2020, the IW is not currently working but is able to perform modified duty. The worker is not yet permanent and stationary.



Previous treatment includes pending 6 sessions of aqua therapy that is on hold due to COVID. An unspecified quantity of acupuncture therapy has been beneficial. Gabapentin failed. Medications include over the counter Advil, Lidocaine cream, and Voltaren gel. In a telehealth progress report dated 11/06/2020 the IW reported bilateral upper extremity pain continues; right side greater than the left. Pain travels from the hands/wrists up the elbows with pain extending into the deltoid muscle area. Pain is described as burning and pulling sensations accompanied by neck pain, numbness, and tingling. The physical examination was deferred. The treatment plan included a change in the plan of care as surgery is not an option. The provider submitted a request for authorization of 6 acupuncture sessions. The request for authorization was received on 11/13/2020. The request was for acupuncture 6 sessions treating the cervical spine, bilateral upper extremities, right forearm, and ulnar nerve lesion for an unspecified extremity. The utilization review dated 11/20/2020 non-certified the request for acupuncture 6 sessions treating the cervical spine, bilateral upper extremities, right forearm, and ulnar nerve lesion for an unspecified extremity.

## IMR DECISION SUMMARY

1. Acupuncture for the cervical spine, bilateral upper arms, right forearm and ulnar nerve lesion for unspecified limb for 6 sessions Uphold UR decision

## IMR DECISION(S) AND RATIONALE(S)

**1. Acupuncture for the cervical spine, bilateral upper arms, right forearm and ulnar nerve lesion for unspecified limb for 6 sessions is not medically necessary and appropriate.**

### UR Evidence Cited:

MTUS Chronic Pain 2017 Guidelines.

### IMR Evidence Cited:

MTUS Hand, Wrist and Forearm Disorders 2019 Guidelines, Section(s): Ulnar Nerve Entrapment at the Wrist (Including Guyon's Canal Syndrome and Hypothenar Hammer Syndrome), Non-Specific Hand, Wrist and Forearm Pain.

### IMR Rationale:

The injured worker is a 42-year-old male with a February 15, 2019 date of injury. Medical management has included medications, physical therapy, massage, Acupuncture, and aquatic therapy. Treatment has been provided for complaints associated with cervical disc disorder with radiculopathy, overuse and pressure of the right and left upper arm, overuse and pressure of the right forearm, and unspecified ulnar nerve lesion.

The supplemental report dated November 6, 2020 was completed following a telemedicine FaceTime consultation with the injured worker. He indicated no acute changes in pain but reported continued bilateral arm pain; pain in the bilateral upper extremities, with the right greater than the left; pain in the bilateral hands and wrists up to the elbows; right deltoid region pain; and right shoulder pain. The quality of pain was described as burning and pulling. Neck pain was associated with numbness and tingling into the right 4th and 5th digits that worsened with activity and became better with conservative treatment. His medical history has included approval for 6 sessions of aquatic therapy. He has a history of having benefited from pool therapy; however, these sessions are on hold due COVID-19 restrictions. The injured worker has continued to use lidocaine cream and Voltaren gel. No objective findings were included in the report. Diagnoses: Cervical disc disorder with radiculopathy; overuse and pressure of the right and left upper arm; overuse and pressure of the right forearm; and ulnar nerve lesion in an unspecified extremity.



The utilization review determination document dated November 20, 2020 non-certified the request for 6 Acupuncture sessions for treatment of the cervical spine, bilateral upper extremities, right forearm, and an ulnar nerve lesion in an unspecified extremity.

Review issue: Request for 6 Acupuncture treatment sessions for the cervical spine, bilateral upper arms, right forearm, and ulnar nerve lesion in an unspecified limb.

Determination: The MTUS treatment guidelines for management of chronic pain with Acupuncture support an initial trial of treatment 5 to 6 visits in combination with a conditioning program. Future care should be tied to functional improvement in objective measures that would justify an additional 6 sessions up to a total of 12 sessions. The reviewed records indicated completion of an unknown number of Acupuncture sessions for treatment of the cervical spine and upper extremities. Documentation of functional improvement was not included in the current request for additional treatment, criteria that is required by the MTUS treatment guidelines for authorization of additional treatment. There was a lack of details regarding the past Acupuncture treatment for the cervical spine and upper extremities. There was no indication in the report of the number of completed visits and no inclusion of clinical evidence of functional improvement to support the authorization of the request for additional Acupuncture treatment. Therefore, the request for 6 additional Acupuncture visits for treatment of the cervical spine and upper extremities is not recommended for certification.

6 Acupuncture treatment sessions for the cervical spine, bilateral upper arms, right forearm, and ulnar nerve lesion for an unspecified limb are not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.